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ABSTRACT

This final report of the Portage Multi-State Outreach Project discusses the project's activities in assisting states, agencies, and local programs to plan, develop, and provide services for unserved and underserved young children with disabilities and their families across a variety of settings and program options. Specifically the project provided: (1) training throughout the country relative to least restrictive settings for children with disabilities in homes, day care programs, and classrooms; (2) technical assistance on issues related to service development and delivery; and (3) the dissemination of materials for working with young children and their families. Project Outreach activities affected over 100 personnel from state education agencies, lead agencies, public schools, day care centers, hospitals, universities, technical schools, Head Start programs, tribal councils, developmental disabilities boards, private service agencies, institutions, and professional organizations. Special efforts were made to work with typically underserved groups including Native Americans and migrant populations. Over 15,000 children and families were indirectly affected by Portage Outreach activities. Further effects are expected through the Project's certification of trainers and the development and publication of materials to facilitate the process of implementing family guided services. An appendix details results of a teacher and parent survey of home-based programs. (Contains 53 references.) (DB)

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ED 364 032

Portage Multi-State Outreach Project

Portage Project of Cooperative Educational Service Agency 5

FINAL REPORT

Early Education Program for Children with Disabilities
U.S. Department of Education
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Portage Project Multi-State Outreach
Final Report

Abstract

The Portage Project is a family focused, individualized early intervention system designed to work in partnership with parents to mediate instructional programs that meet the developmental, functional, and educational needs of their young children with disabilities and to support family functioning. In response to the needs of early childhood personnel and based on current research and best practices, the Portage Family Focused Intervention Model provides comprehensive service to children and families in a variety of least restrictive environments.

The Portage Multi-State Outreach Project helps meet the varied needs of state and local agencies throughout the country through the provision of highly acclaimed training relative to least restrictive settings including homes, day cares and classrooms; technical assistance in an extensive range of issues related to service development and delivery; and the dissemination of successful and useful materials for working with children and families. All efforts focused on the full and effective involvement of families in the planning and implementation of services.

The overall purpose of the Portage Project Outreach activities during this grant period was to assist states, agencies, and local programs to plan, develop, and provide the highest quality services possible for unserved and underserved children with disabilities and their families across a variety of settings and program options in the United States. That purpose was accomplished through implementing the following goals.

1. To assist State Education Agencies and designated Early Intervention Lead Agencies in planning, developing, and implementing their comprehensive services plan for young children with disabilities.

2. To increase public and professional awareness of the need for early intervention, the importance of family focused services, and the obligation to provide services in the least restrictive environment.

3. To provide in-depth training to early interventionists in the Portage Family Focused Intervention Model as a means of improving services to children and families and helping states meet their personnel preparation objectives.

4. To develop and disseminate materials that further the implementation of best practices of working with children and families and assist in the training of early interventionists and teachers.

Portage Outreach activities affected over 100 personnel from a variety of agencies including state education agencies, lead agencies, public schools, day care centers, hospitals, universities, technical schools, Head Starts, tribal councils, developmental disabilities boards, private service agencies, institutions, and professional organizations. Outreach activities included intensive training, workshops, and other personnel preparation activities. Portage staff made special efforts to work with programs and populations that are typically underserved, including Native Americans and migrant programs.

Over 15,000 children and families were indirectly affected by Portage Outreach activities through improved and enhanced services as a result of Portage training and technical assistance. In addition, the potential for enhancing services to additional children and families was increased through certification of trainers in the Portage Family Focused Model. The potential for long-range impact was also greatly increased through the development and introduction of the *Growing: Birth to Three* materials, which are designed to provide a process for implementing family-guided services.

I. GOALS AND OBJECTIVES OF THE PROJECT

The following goals and objectives were cited in the Portage Multi-State Outreach grant application. After each goal there is a description of how each goal was addressed during this grant period.

Goal I. To assist State Educational Agencies and designated Early Intervention Lead Agencies in planning, developing, and implementing their comprehensive service plan for young children with disabilities.

Objective 1.1 To provide state-wide presentations and inservice sessions to teachers and local programs in at least 10 states on the provisions of P.L. 99-457, best practices, and selected components of the Portage Outreach Project.

Portage staff have provided state-wide presentations and inservice sessions to teachers and local programs in numerous states including the following: Kansas, Tennessee, Indiana, Wisconsin, North Carolina, Ohio, Minnesota, Michigan, Nebraska, Washington, Illinois, California, and Texas, and Alaska. Topics included: An Introduction to Home Visiting; Working with Challenging Families; Communicating with Families; Planning Individualized Teaching in the Classroom; Home Based Supervision; Parent Involvement; Training Paraprofessionals to Work with Children with Disabilities; and Working with Children from Birth to Three Years.

Objective 1.2 To coordinate with state agencies to provide training to local service providers in Portage Project Outreach components.

Project staff have had contact with state agencies who sent letters expressing interest in Portage training if the Portage Project received funding. Specifically, staff have worked with state agencies in Texas, Ohio, Wisconsin, Washington, Arkansas, and New Jersey.

Objective 1.3 To provide intensive training and follow-up support to SEA selected sites in ten states for the purpose of establishing demonstration sites for potential statewide dissemination.

Work has been initiated---or, in some cases, continued---to establish demonstration sites in: Albuquerque, New Mexico; Yakima, Washington; Olympia, Washington; Bishop, California; Wanaque, New Jersey; Dodgeville, Wisconsin; Mankato, Minnesota; Ashtabula, Ohio; Newark, Ohio; and Pima, Arizona. These programs work with the Portage staff to host visitors who are interested in seeing the Portage Model being implemented.

Objective 1.4 To work with early childhood personnel in the state of Wisconsin on the development of the comprehensive state services plan for young children with disabilities.

Project staff members have been involved with the Wisconsin Personnel Development Project and the Birth to Three Task Force. Project staff have contributed to the development of the Individual Family Service Plan that has been adopted by the state of Wisconsin. In addition, staff members have worked with the Wisconsin Personnel Development Project Task Force on Inservice Training and are presently participating on committees to establish a system for community assessments and planning for the 1994 Wisconsin Birth to Three Conference. Project staff members have worked with state level people to host workshops on issues related to infant and family development, and have worked with teacher training programs at universities to plan training courses for early interventionists. Portage staff conducted a workshop in July, 1991 for Birth to Three interventionists around the state and did individual follow-up with participants. Birth to Three programs around the county visit the Portage Project to learn more about our Birth to Three Model.

Objective 1.5 To communicate with state agencies regarding Portage Outreach activities.

Contact was made with the states identified in the original grant as target states based on their expressed interest in Portage Outreach. Portage staff have had telephone contact with National Diffusion Network State Facilitators and early childhood specialists in a number of states including: West Virginia, Alaska, Washington, Wisconsin, New Jersey, Wyoming, New Mexico, Texas, Minnesota, and California. All states are periodically sent copies of new information developed to describe Portage Outreach activities and materials, including a Training and Technical Assistance Brochure, and a special edition of the Portage Newsletter which focused on birth to three. Attendance at the OSEP/NECTAS combined meetings and other activities sponsored by these two organizations has provided opportunities to talk with state agency personnel about Portage Outreach activities.

Objective 1.6 To provide consultation to states as requested on such topics as program implementation procedures, service delivery options, or personnel preparation.

Project staff have been active in providing consultation to programs within Wisconsin. Staff members have been working within counties to establish community collaborative efforts for children with disabilities and their families. Work with The Wisconsin Indian Network of Genetic Services (WINGS) and the Great Lakes Inter-Tribal Council has included consultation and training in collaboration with these groups, as well as work with individual service providers on reservations in Wisconsin. Project staff involvement with the Wisconsin Council on Developmental Disabilities has been instrumental in developing a manual for preparing professionals to work more effectively with parents.

In New Jersey and Washington, Portage staff continue to work to establish and support Portage replication sites that will also serve as Satellite Training Centers. In Texas, work with early childhood consultants at various Regional Service Centers has resulted in the

provision of training directed toward preparing classroom staff to better address the individual needs of children. In Alaska, Portage staff have worked with professors at the University of Alaska as they developed early childhood certification in that state.

Goal 2: To increase public and professional awareness of the need for early intervention, the importance of family focused services, and the obligation to serve children in the least restrictive environment.

Objective 2.1 To make not less than five formal presentations at national, regional, and statewide professional conferences.

Portage staff made formal presentations at a number of national, regional, and statewide professional conferences during this three-year grant period. National presentations have been made at conferences in Wisconsin, Missouri, Arizona and New Mexico. Regional and Statewide presentations have been made at conferences in Tennessee, Ohio, Indiana, North Carolina, North Dakota, Wisconsin, Minnesota, Illinois, California, Texas, Pennsylvania, Mississippi, Ohio, and Washington. These presentations have often resulted in additional requests for Portage Outreach support.

Objective 2.2 To develop and disseminate awareness materials descriptive of best practices and Outreach training components.

Portage staff have developed and disseminated a number of new awareness materials during this period, including a Portage Training and Technical Assistance brochure and a brochure describing the new *Growing: Birth to Three* intervention process and materials. An awareness videotape was created for programs wishing to know more about the Portage Project Outreach. Portage staff routinely send out awareness materials describing Outreach training components in response to requests from individuals and programs. Staff continue to develop new printed information on various aspects of best practices as the need is indicated; examples of information packets that have been developed include Communicating with Parents, Easing the Trauma of Transition, Individualized Curriculum Planning in the Integrated Classroom, and Enhancing Play for Young Children with Disabilities. These materials and many others are sent to programs requesting information on specific topics.

Objective 2.3 To submit not less than two articles to professional journals on the various components of high quality early intervention services, parent concerns, or policy issues.

An article describing the Portage Family Focused Model was featured in *Education Forward*, the education paper distributed by the State of Wisconsin Department of Public Instruction. A book titled *Conference Proceedings from the Third International Portage Conference* was developed and distributed to increase awareness of early intervention activities in a variety of cultures. The proceedings from the 1991 Conference of the International Association of Special Educators included a paper on the Portage home visiting model that Portage staff members presented at that conference; these proceedings were distributed nationally and

internationally. A number of requests have come from book authors to include information about the Portage Project Model within their works; Project staff worked with these authors to insure accuracy of representation.

Objective 2.4 To disseminate information and maintain contact with state agencies and programs via computerized telecommunications networks.

Project staff have used the SpecialNet computerized telecommunications network to access and share information with other early childhood professionals.

Objective 2.5 To contact State Early Intervention Lead Agencies, State Departments of Special Education, State Facilitators, and the Resource Access Projects on a twice yearly basis for the purpose of promoting awareness of and support for project activities.

Follow-up contact was made with states expressing interest in working with the Portage Project to develop their early intervention services. State Facilitators were contacted at least yearly to make them aware of Portage Outreach activities, and were notified of Portage Outreach activities planned for their state. Ongoing communication with the Resource Access Projects across the country was used to promote awareness of Portage Project activities and training opportunities. All State Early Intervention Lead Agencies, State Departments of Education, State Personnel Development Projects, State National Diffusion Network Facilitators, and Resource Access Project offices were sent a copy of the revised Portage Training and Technical Assistance brochure and the brochure describing the *Growing: Birth to Three* process.

Objective 2.6 To develop and distribute a Family Focused Intervention Newsletter three times a year.

Portage staff periodically sent out a newsletter, titled "Portage People", which highlighted various areas of early intervention services and promoted awareness of Portage Outreach activities. Dissemination of the newsletter resulted in requests from programs for additional information on Portage Outreach activities.

GOAL 3: To provide in-depth training to early interventionists in the Portage Family Focused Intervention Model as a means of improving services to children and families and helping states meet their personnel preparation objectives.

Objective 3.1 To conduct training with at least 10 programs who will implement components of the Portage Family Focused Model.

During each of the years of funding, Portage Outreach staff conducted training with at least 10 programs on components of the Model. Programs were located in a variety of states, including: New Jersey, California, Ohio, Alaska, Arizona, Michigan, Wisconsin, Washington,

North Dakota, Massachusetts, West Virginia, Arkansas, Minnesota, Indiana, North Dakota, Pennsylvania, Ohio, New Mexico, Texas, Mississippi, and Illinois. In addition, programs from a number of states attended trainings done at the Portage office.

Objective 3.2 Provide five training workshops on family focused intervention for related service providers.

Each year Portage Outreach staff offer workshops at the Portage office for related service providers. Outreach staff also conducted workshops for related service providers connected with the Wisconsin Indian Network of Genetic Services; provided IFSP development training for county service coordinators in Wisconsin; and provided training for various related service providers through training sessions conducted in Texas.

Objective 3.3 To conduct three on-site training workshops in Portage, Wisconsin on the Portage Family Focused Model.

Each year, Portage Outreach staff offer from three to six workshops at the Portage office on various aspects of the Portage Model. Topics for these workshops have included: Portage Home Based Model for Teachers of 3-5-year-olds; Portage Model Birth to Three Trainings; Portage Classroom Curriculum; Enhancing Play for Children with Disabilities; Integrated Day Care Training; and Using a Consultation Model in Early Intervention. These workshops have been well-received as a cost effective way for many programs to participate in training. Another benefit of this approach is that it provides an opportunity for programs to network with and learn from one another.

Objective 3.4 To work intensively with the office of the Bureau of Indian Affairs and early childhood programs on reservations to assist them in developing or enhancing services as they fully implement P.L. 99-457.

Throughout this grant period, Portage staff worked with the Bureau of Indian Affairs and other appropriate tribal contacts to assess needs relative to provision of early childhood services on reservations around the country and, when appropriate, to provide training to help address those needs. Staff also worked with the Wisconsin Indian Network of Genetic Service (WINGS) to support them in their work with service providers on reservations in Wisconsin. Part of the collaboration with WINGS was the provision by Portage staff of a two-day workshop on home visiting for Child Development Representatives working on reservations. Portage staff have worked with the following groups to provide training and consultation: the Oneida reservation in Wisconsin; the Tohono O'odham in Arizona; the Mescalero Apache in New Mexico; and the Choctaw in Mississippi. A special Outreach informational mailing was sent to Indian education programs across the country to make them aware of Portage Outreach services. Project staff attended the Wisconsin Birth to Three Tribal Conference in order to learn more about local birth to three issues and to raise awareness of Portage Outreach activities. Staff continue to work with the Great Lakes Inter-tribal Council located in Wisconsin to assist them in developing plans to meet the needs of

early intervention service providers on Indian reservations in the Great Lakes area. The Native American Portage Project Replication (NAPPR) in Albuquerque, New Mexico, continues to serve as an important avenue for keeping Project staff in tune with things to consider in working with Native American families.

Objective 3.5 To conduct at least five awareness workshops on related topics or components of the Portage Family Focused Model.

Awareness workshops served to either introduce the Portage Model to programs who were still considering whether to invest time and resources in a comprehensive training, or presented various aspects of the model or best practices in general. Workshops were done in a number of states, including: Kansas, Tennessee, North Dakota, Illinois, Wisconsin, Michigan, Iowa, California, Washington, Pennsylvania, and Mississippi.

Objective 3.6 To provide on-going technical support to demonstration and implementation sites for at least two years after initial training.

All programs that have received Portage training are contacted within 6-8 weeks following the training to see how things are going and how we might assist and support them further. Portage staff also scheduled follow-up training with groups of people who have been trained in the Portage Model to coincide with other training being done in the area. Two states where this strategy has been employed are Washington and Alaska. Programs have also chosen from a variety of other means of follow-up, including: sharing of written or other resources; telephone consultation; accompanying Portage staff on home visits; networking with other Portage-trained programs; follow-up visits after 4-6 months to facilitate problem solving and provide additional content.

Objective 3.7 To identify and train 10 certified trainers in various states and regions of the country to extend Outreach efforts in a cost effective manner.

Eight individuals have gone through the process to become Certified Trainers, and two people have just begun the process. These individuals are from a number of states: New Jersey, Washington, New Mexico, Ohio, and Mississippi. In order to support these people, a Training for Trainers workshop was held in February, 1992. This was an opportunity to solidify knowledge of the Model, enhance training skills, and exchange ideas related for working effectively as a Certified Trainer.

GOAL 4: To develop and disseminate materials that further the implementation of best practices of working with children and families and assist in the training of early interventionists and teachers.

Objective 4.1 To develop implementation/training guides for the Portage Family Focused Intervention Model components to be used as supporting documentation by trained sites and certified trainers.

Portage staff are presently putting the finishing touches on the implementation/training guide. It was found that the process was more extensive than predicted and required more time than allocated to develop a comprehensive product. Staff have also invested more time to make sure that the guide reflects the Model's current best practices and is an all-inclusive package. Staff have developed a procedure manual for Certified Trainers, which has been used throughout the certification process.

Objective 4.2 To revise the *Portage Guide to Early Education* to reflect current research in functional assessment.

As this revision process was initiated, it was found that rather than revise the current *Portage Guide to Early Education* it would be more beneficial to the field to create a new product which reflects the current best practices being carried out within the Portage Project Birth to Three Program and which incorporates ideas of functional assessment. Out of these discussions and consultations with direct service personnel and other professionals in the field and based on current research in the field, the *Growing: Birth to Three* materials were created. This innovative system of materials takes an ecological approach to family guided early intervention, and emphasizes support for parent-child interactions; use of conversations and observations as the basis for assessment; incorporating child and family goals into the family's daily routines, rituals, and play; and assisting interventionists in developing more effective strategies for interacting with parents/caregivers. A special edition of the Portage Project newsletter highlighted this new process and materials; in addition, a brochure was developed to provide more information. Project staff are now doing initial trainings relative to *Growing: Birth to Three* and it is anticipated that training requests will continue and expand.

Objective 4.3 Develop a videotape depicting exemplary procedures employed in family focused intervention, including family assessment, goal selection, and joint parent-interventionist planning aspects.

Videotape footage collected during Portage Birth to Three home visits has been a useful training tool for discussing exemplary procedures. The tapes have provided a way to discuss these concepts within the context of "real-life" situations. Based on the positive reaction of training participants to use of these tapes, work is now in process to develop additional tapes to support more parts of the training.

II. THEORETICAL OR CONCEPTUAL FRAMEWORK FOR THE PROJECT

The combination of sensitivity, respect, adaptability, and expertise called for in early intervention programs by P.L. 99-457 makes the issue of training central to all efforts to develop or improve services (Healy, Keesee, and Smith 1989). Pre-service training is important, but continuing education opportunities are equally important to meet the challenges of the field. Outreach projects, having developed, evaluated, and disseminated viable and successful service delivery systems into replicable models, play a vital role in the expansion and improvement of services for children with disabilities and their families, and in staff education and re-education. The need for comprehensive training is especially pressing in rural areas, where access to educational facilities and successful recruitment of qualified personnel are most difficult (Project TRAIN, University of Wisconsin-Whitewater).

The following training needs have been identified in the literature as critical for personnel working in early intervention:

* Intervention strategies which focus on parent-child interactions as the primary key to facilitating successful developmental outcomes for young children (Mahoney, 1991).

* Strategies to provide a family centered approach to intervention which begins with considering how the parents understand and empathize with the child's capacity to develop, and what strengths, knowledge, and resources help them to facilitate their child's developmental agenda (Greenspan, 1990; Norris, 1991; Dunst, 1989).

* Development of the Individual Family Service Plan (IFSP), parent responsive Individual Education Plan (IEP), and systems of family support that are helpful yet not intrusive (Dunst, 1985; Turnbull and Turnbull, 1986; Bailey, 1986).

* Multidisciplinary evaluation formats that are supportive of the child and family, and are able to identify strengths as well as needs of child, family and environment (Smith, 1988).

* Case management strategies and interagency coordination that can structure the fragmentary nature of the present service delivery systems (Frass, 1986).

* Multiple options for family-primary care provider involvement in early intervention processes that support rather than supplant the family's interactive role, and provide a family systems approach to events that effect total family functioning (Smith, 1988).

* Curricular strategies that can be implemented within a variety of integrated settings (Campbell, 1988; Strain, 1988).

* Multiple least restrictive placement options for young children that prepare both family and child for full participation in their society, and consider the family's lifestyle (Strain, 1988; Smith, 1988).

* Transition planning that involves parents, the child, and the receiving and sending programs as well as all participants in the child/family intervention that are considered important by the family (Gallagher, Maddox, Edgar, 1984).

* Intervention strategies that assist parents in the lifelong service coordination needs of their child as well as helping them to prepare for their role as their child's advocate (Bailey, 1989).

* Intervention systems which recognize the centrality of the parent-child relationship and the value of the enriched environment, and which include a careful analysis of the learning process along with detailed observation, assessment and documentation in order to enhance the developmental progress of the child/family (Bailey, Jens & Johnson, 1983).

Current literature in the field of early intervention suggests that working with young children with disabilities and their families is a "unique" and multifaceted field. Experts in both special education and regular education concur with these opinions (Mallory, 1983; Spodek and Saracho, 1982; Greenspan, 1990). Young children with developmental disabilities are frequently the most difficult to assess, and the assessment tools most commonly used are often inappropriate for determining the needs of this population and their families (Reschly, Genshaft, and Bender, 1987). In addition, with the new mandates for services which are family centered, staff who were once trained to provide services for children are now expected to offer assistance, information and support to families at the family's discretion (Dunst and Trivette, 1987) and on their terms and turf.

Current findings about developmental outcomes of young children also support the notion that early intervention as a field is becoming more complex and this, in turn, requires early interventionists to "re-think" their current role, as well as to take on a number of new roles. Research on developmental outcomes for young children with neurological damage and a combination of biological and risk factors (Sameroff, Seifer, Barocas, Zax, and Greenspan, 1987) has demonstrated conclusively that it is the effect of multiple risk factors, rather than the existence of single biological, psychological, or environmental factors, which results in adverse developmental outcome (Sameroff and Chandler, 1975). This changes the perspective of early intervention still further in that it implies that interventionists, who once viewed the primary goal of early intervention as the teaching of developmental skills and milestones, must now understand "determinants of development in sufficient degree to choose a level of complexity appropriate to the problem to be solved, the developmental stages of both the child and family, and available supports" (Sameroff and Fiese, 1990). Therefore, it is clear that working with young children and their families is a challenging task, and that at present there is a dearth of individuals qualified to provide these services.

The Portage Family Centered Intervention Model is based on documented success, research, and best practices in the field. This model continues to adhere to the sound theoretical principles upon which it was founded, namely:

1. Intervention for children with disabilities should begin as early as possible. The earlier intervention begins, the greater the probability of having a significant impact on the child and the greater the chance that this impact will be maintained over time.

2. Parent/primary caregiver involvement is critical to successful early intervention.

3. Intervention objectives and strategies must be individualized for each child and family and support the functioning of the family and the cultural and environmental factors unique to the family; promote positive child-family interactions; and allow families to take the lead in how intervention services are delivered.

4. Data collection is important to reinforce positive change and to make on-going intervention decisions.

The Portage Project has a long, productive history of service to the early childhood field. In the past, the Project's principle mission has been to expand and enhance the parent's role in facilitating positive developmental outcomes with their child. This strategy has been highly effective as evidenced by the over 300 programs trained yearly, the large numbers of materials disseminated, and the significant impact the Project has had on home based services across the country. The Project's success has been due to a solid experience base, responsiveness to changes and needs in the field, and a vigilant effort to keep current with the literature and research. The incorporation of best practice principles into the structure of the Portage Model has helped the once innovative home based model evolve into a Family Centered Intervention Model. This Model promotes families taking the lead in both how services are provided and the roles which the family will take in intervention services.

III. DESCRIPTION OF THE MODEL, ADOPTION SITES, DISSEMINATION ACTIVITIES, TRAINING ACTIVITIES, OR INCORPORATION ACTIVITIES

The Portage Family Centered Intervention Model training components include:

1. Promoting a family centered approach within a variety of environments.

    - Demonstrate effective and facilitative communication strategies.

    - Identify strategies to develop trust in parent-professional relationships.

    - Demonstrate knowledge of family systems, including the relevance of family history, culture, and experiences and recognition of family, community, and societal support.

    - Foster the role of parents as decision makers, lifelong managers and advocates for their child, and the primary force influencing the child's developmental agenda.

    - Facilitate parent-child attachment, nurturing behaviors and mutually satisfying interactions.

2. Program planning for a variety of least restrictive environments.

    - Use appropriate observation and interviewing skills.

    - Conduct assessment for curriculum planning and IFSP/IEP development which includes ecological assessment of environmental supports and constraints, interactions, and understanding of development and family's history and perspective.

    - Participate in multidisciplinary assessment and team planning with parents, other specialists, and service providers to develop IFSP/IEP.

    - Facilitate family generated goals, objectives and strategies for inclusion in IFSP/IEP.

    - Involve parents in assessment and program planning.

    - Demonstrate awareness of issues in care coordination.

    - Develop a transition plan with family to ease change in program or services.

3. Program implementation in least restrictive environments.

   - Provide for generalization and maintenance of functional skills through established family routines and interactions.

   - Implement lesson plans which offer opportunities for learning through responsive play.

   - Encourage highest level of participation possible for all children by adapting materials, teacher support and/or child expectations in all activities.

   - Collect data on child/family change and make curricular decisions based on data.

   - Plan activities across multiple environments as needed that reflect IEP and IFSP goals and objectives.

   - Structure adult-child interaction to promote mutual satisfaction, maturation, and success.

   - Facilitate contingent-responsive activities to promote child's action/interaction.

The above training components are based on research which supports the role of the interventionist as a provider of opportunities and activities that allow families to display their competence and to feel a sense of control over their lives (Dunst, 1986). Family Stress Theory (McCubbin, Cauble, et. al, 1980; Featherstone, 1980) identifies the birth of a child with a disability as a stressful event that influences family cohesion and adjustment. Research indicates that access to community resources and supports is linked to prevention of institutionalization, increased expectations for children, positive parent-child interactions, and improved child behavior and development (Dunst, Trivette, and Cross, 1984; Dunst and Jenkins, 1983). Beckman-Bell (1981) notes that intervention efforts are far more effective when professionals consider the family's emotional reactions, adjustment and attachment to their child with special needs. Goals and strategies for family and sibling adjustment and the life cycle changes facing parents and siblings are also important issues in determining family needs (Skritic, Summers, Brotherson, Turnbull, 1984). The strengths that family members bring collectively to the meeting of their own needs provides the key to enhancing and expanding their informal and formal support networks (Dunst, 1990; Sameroff and Fiese, 1990). Empowerment of families is achieved by strengthening their natural and professional support networks, and by supporting and building upon their present problem solving abilities (Dunst & Trivette, 1987).

Many early interventionists are competent in developing and implementing an Individual Education Plan for the child. Historically, this plan has focused on the achievement of developmental skills; within the current context of family centered intervention, this is inadequate. The child learns best within the context of the family's capacity to support their

child's development. This includes consideration of cultural and environmental factors by embedding skill acquisition in family routines (Sameroff and Fiese, 1990) and supporting positive parent child interactions (Bromwich, 1981; Norris, 1991).

Therefore, it becomes apparent that in order to develop an Individualized Family Service Plan (IFSP) one must have some additional skills and knowledge. Bailey (1987) reminds us that this focus on families may be challenging "...since families often present extraordinarily complex circumstances to professionals whose training has centered almost exclusively on children." Recognizing this, the Portage Outreach Model includes strategies and materials to assist interventionists in acquiring skills for working with families as well as identifying the resources, priorities and concerns of families through the use of observation of environments and interactions, conversations with family members, and joint goal setting to plan and implement an IFSP.

In addition, the new *Growing: Birth to Three* curriculum will continue to be used as the basis for training in the process of ecological curriculum planning and implementation. Utilizing a five step planning process, this curriculum is designed to support family centered intervention in the above context, as well as provide interventionists with the necessary strategies to facilitate mutually satisfying interactions between parent and child.

A flexible, responsive intervention training program can address the needs and enhance the skills of service providers dealing with the entire family, including fathers, siblings, extended family and significant others. Their inclusion will combine to build child competencies, positive interaction patterns, and coping skills to meet the continuing challenges of raising a child with disabilities (Lewis 1987; Sameroff & Feise, 1990).

The Portage Outreach Project, based on the Portage Family Centered Intervention Model, provides training to help close the knowledge gap for professionals entering or already practicing in the field of early intervention.

The Portage Outreach Project trains interventionists in those processes necessary to effectively involve families in supporting the development of their child with a disability in whatever setting care is provided (child's home, home with nursing care, home care provider, day care center, Head Start, early childhood classroom hospital, or combination of programs).

The training and technical support cycle for local service programs involves several components designed to respond to each program's uniqueness. The training and technical support components are as follows:

1) Needs assessment - training and technical assistance needs relative to provision of family focused services are determined.

2) Technical assistance plan formulation - plan is drawn up to outline how Outreach activities will be conducted.

3) Provision of training - based on adult learning principles.

4) Follow-up support - chosen from a number of options including on-site visits, additional training, telephone consultation, correspondence, and others.

5) Program review - assesses the extent to which objectives in the training and technical assistance agreement have been achieved.

6) Evaluation of Outreach training impact - data collected relative to impact on staff, families served, and/or targeted children.

Use of this approach to training and technical support has been an effective way to help programs meet their staff and program development needs.

In addition to direct training activity, Portage staff directly or indirectly trained people in the field through dissemination of materials, presentations and exhibits at conferences, and technical assistance to state level contacts. Phone assistance is also provided to individuals and programs who contact the Portage office, and service providers occasionally accompany Portage Birth to Three staff on home visits to better understand the process.

Description of Adoption Sites

The charts on pages 15-22, titled Training Done During Grant Period, indicates the various programs that have participated in Portage training during this time. As can be seen, there were a variety of program types, including Head Starts, educational cooperatives, early childhood, universities, preschools, and others. On many occasions, a number of agencies participated at one site; this proved to be an efficient use of time and money resources.

Description of Dissemination and Training Activities

The charts on pages 23-25, titled Conference Participation, lists the various conferences that Portage Outreach staff have participated in, as well as the nature of that participation. Project staff receive numerous requests for conference participation each year and make decisions about where to participate based on perceived need and the potential for the greatest impact. Many requests for training and technical assistance are generated from conference participation.

TRAINING DONE DURING GRANT PERIOD: August 1, 1990 - July 31, 1993

SPONSOR & LOCATION	DATES	NUMBER IN ATTENDANCE	OTHER AGENCIES PRESENT	TOPIC
Cooperative Educational Service Agency #5, Portage, WI	8-90	13	8 agencies present	Portage Classroom Curriculum
Education Service Center #15 San Angelo, TX	8-90	36	30 agencies present	Portage Classroom Curriculum
S.I.E.O.C. Head Start, Aurora, IN	9-90	22		Portage Home-Based for 3-5 year olds
Northwest Georgia Services, Inc. Rock Spring, GA	9-90	53		Portage Classroom Curriculum
Wapato School District #207 Wapato, WA	9-90	8	EPIC Head Start, Wapato, WA	Portage Classroom Curriculum; Portage Home-Based for 3-5 year olds
Central Kitsap School District Silverdale, WA	9-90	10	3 agencies present	Portage Home-Based for 3-5 year olds
Lower Yukon School District Mountain Village, AK	9-90	29	12 agencies present	Portage Classroom Curriculum
Vista Nuevas Head Start Detroit, MI	10-90	15	Adrian Head Start	Portage Home-Based for 3-5 year olds
Jackson-Vinton C.A. Inc. Head Start, Wellston, OH	10-90	18	Community Action Committee Pike Co, Inc., Piketon, OH	Portage Classroom Curriculum

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SPONSOR & LOCATION	DATES	NUMBER IN ATTENDANCE	OTHER AGENCIES PRESENT	TOPIC
Mille Lucs Reservation Head Start Onamia, MN	10-90	20	3 agencies present	Portage Classroom Curriculum; Portage Home-Based for 3-5 year olds
Harcatus Head Start Dennison, OH	10-90	14	2 agencies present	Portage Home-Based for 3-5 year olds
Pinal Gila Community Child Services Coolidge, AZ	10-90	13		Portage Classroom Curriculum
Jackson Head Start Jackson, MI	10-90	35	2 agencies present	Portage Classroom Curriculum
Fairfax Co Office for Children-Parent-Child Center Alexandria, VA	10-90	18	2 agencies present	Portage Home-Based for Birth to Three
Southwest CAP Head Start Dodgeville, WI	10-90	5	Head Start Child & Family Development Centers, Inc., LaCrosse, WI	Portage Home-Based for 3-5 year olds
Branch City Head Start Cold Water, WI	10-90	14		Portage Classroom Curriculum
Crowley's Ridge Development Council Jonesboro, AR	11-90	32		Portage Classroom Curriculum
Escanaba Head Start Escanaba, MI	11-90	20		Portage Model Home-Based
Ohio Head Start Association Dayton, OH	11-90	100	Multiple agencies	Portage Model Home-Based

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SPONSOR & LOCATION	DATES	NUMBER IN ATTENDANCE	OTHER AGENCIES PRESENT	TOPIC
Cooperative Educational Service Agency #5, Portage, WI	12-90	22	12 agencies present	Portage Model Home-Based for 3-5 year olds
Center for Family Resources, Inc. Wanaque, N.J.	1-91	10		Portage Model Home-Based
Blanchard Early Childhood Center North Uxbridge, MA	2-91	21	3 agencies present	Portage Model Home-Based
South Central Michigan Head Start Battle Creek, MI	2-91	23		Portage Model Home-Based
Chicago Public Schools Chicago, Il	2-91	11		Portage Model Home-Based
Ryther Child Center Seattle, WA	3-91	7	2 agencies present	Portage Home-Based Model
Educational Service District #105 Yakima, WA	3-91	68	Multiple agencies	Portage Home-Based Model; Portage Classroom Curriculum
EPIC Head Start Wapato, WA	3-91	65		Portage Classroom Curriculum
Cooperative Educational Service Agency #5, Portage, WI	3-91	13	Multiple agencies	Portage Home-Based Model for 3-5 year olds
Ohio Head Start Association Dayton, OH	3-91	34	Multiple agencies	Portage Model Home-Based for 3-5 year olds

SPONSOR & LOCATION	DATES	NUMBER IN ATTENDANCE	OTHER AGENCIES PRESENT	TOPIC
Shiprock Head Start Shiprock, NM	3-91	30		Portage Model Home-Based
Roane County Schools Spencer, WV	3-91	4		Portage Model Home-Based; Portage Classroom Curriculum
Ohio Head Start Association Dayton, OH	4-91	74	Multiple agencies	Portage Model Home-Based for 3-5 year olds
Cooperative Educational Service Agency #5, Portage, WI	4-91	8	Multiple agencies	Related Service Provider Training
Tri-County Head Start Dayton, OH	4-91	24	Multiple agencies	Portage Model Home-Based
Arkansas Head Start Jonesboro, AR	5-90	30		Portage Classroom Curriculum
Wisconsin Indian Network of Genetic Services Madison, WI	6-90	15	Multiple tribal representatives	Portage Model Home-Based
Urban Day Head Start Milwaukee, WI	8-91	11		Portage Classroom Curriculum
Cooperative Educational Service Agency #5 Portage, WI	8-91	10	Multiple agencies	Portage Model Home-Based
West Central Georgia C.A.C. Head Start Montezuma, GA	8-91	54		Portage Classroom Curriculum
Cooperative Educational Service Agency #5 Portage, WI	8-91	7	2 agencies present	Portage Classroom Curriculum

SPONSOR & LOCATION	DATES	NUMBER IN ATTENDANCE	OTHER AGENCIES PRESENT	TOPIC
Bad River Head Start Odanah, WI	9-91	10		Portage Classroom Curriculum
Shawnee Development Council Head Start Karnak, IL	9-91	59	Multiple agencies	Portage Classroom Curriculum
Cuyahogo Special Education Service Center Maple Heights, OH	9-91	38	Multiple agencies	Portage Model Home-Based
Region III Education Service Center Victoria, TX	9-91	5	15 schools present	Portage Classroom Curriculum
Region XIV Education Service Center San Angelo, TX	10-91	61	Multiple schools present	Portage Classroom Curriculum
Lower Yukon School District Mountain Village, AK	10-91	19	Multiple schools present	Portage Classroom Curriculum
Birth to Three Tribal Council Keshena, WI	10-91	5		Portage Model home-Based
University of Anchorage, Early Childhood Education, Anchorage, AK	10-91	45	Multiple agencies	Portage Classroom Curriculum
Family & Child Learning Centers of NE WI Antigo, WI	10-91	13		Portage Classroom Curriculum
Southwest CAP Head Start Dodgeville, WI	10-91	17		Portage Model Home-Based
Northeast MI Community Services Gladwin, MI	10-91	12		Portage Classroom Curriculum
Mankato Head Start Mankato, MN	10-91	12		Portage Model Home-Based

SPONSOR & LOCATION	DATES	NUMBER IN ATTENDANCE	OTHER AGENCIES PRESENT	TOPIC
Region II ESC Corpus Christi, TX	11-91	35	8 schools present	Portage Classroom Curriculum
ARC of Allen County Fort Wayne, IN	10-91	42	Multiple agencies	Portage Model Home-Based
Menominee Tribal Health Clinic Stevens Point, WI	10-91	15	Multiple agencies	Portage Model Home-Based
Northcott Head Start Milwaukee, WI	10-91	17	Multiple agencies	Portage Model Home-Based
West Allis Early Childhood West Allis, WI	1-92	14		Portage Model Home-Based
Southwest Regional Schools Dillingham, AK	2-92	16		Portage Classroom Curriculum
Training for Portage Certified Trainers Madison, WI	2-92	5	Multiple agencies	Portage Model Home-Based
CESA 3, Fenimore, WI	4-92	10	Multiple agencies	Portage Model Home-Based
CESA 5, Portage, WI	5-92	5	Multiple agencies	Portage Model Home-Based
CESA 5, Portage, WI	5-92	9	Multiple agencies	Related Services Training
Even Start Columbus, GA	5-92	20		Portage Model Home-Based
Tohono O'Odham Head Start Sells, AZ	4-92	15		Portage Model Home-Based

SPONSOR & LOCATION	DATES	NUMBER IN ATTENDANCE	OTHER AGENCIES PRESENT	TOPIC
Gila River Indian Community ECE Program Saceton, AZ	4-92	15		Portage Classroom Curriculum
Wisconsin Birth to Three Program Training Stevens Point, WI	7-92	23	Multiple agencies	Birth to Three Programming
Choctaw Head Start Choctaw, MS	8-92	25		Portage Classroom Curriculum
Dubuque Early Childhood Dubuque, IA	8-92	13		Portage Classroom Curriculum
CESA 5 Portage, WI	9-92	12	Multiple agencies	Portage Model Home-Based
Community Action Agency Head Start Woodstock, IL	9-92	90	Lake County Head Start	Portage Model Home-Based
Southwest Community Action Program Dodgeville, WI	9-92	25		Portage Model Home-Based
Region 2 Education Service Center Corpus Christi, TX	9-92	9	Multiple schools present	Portage Classroom Curriculum
West Allis Early Childhood West Allis, WI	9-92	14		Portage Model Home-Based
Fairbanks Early Childhood Program Fairbanks, AK	9-92	8	Multiple schools present	Portage Classroom Curriculum
Galena Early Childhood Program Galena, AK	9-92	30		Play With Young Children
Southwest Region Schools Early Childhood Program Dillingham, AK	9-92	16	Multiple schools present	Portage Classroom Curriculum

SPONSOR & LOCATION	DATES	NUMBER IN ATTENDANCE	OTHER AGENCIES PRESENT	TOPIC
Tri-County Community Action Head Start Athens, OH	10-92	20		Portage Classroom Curriculum; Portage Model Home Based
M.V.A.C. Head Start Mankato, MN	11-92	25		Portage Model Home-Based
Williston Head Start Williston, ND	11-92	20		Portage Model Home-Based
Head Start of Sheboygan County Sheboygan, WI	11-92	6		Portage Model Home-Based
Venice Family Clinic Emich Venice, CA	11-92	11		Portage Model Home-Based
Ashtabula County Head Start Ashtabula, OH	1-93	13		Portage Model Home Based for Birth-Three
BHK Child Development Board Head Start Houghton, MI	2-93	17	Multiple agencies	Portage Model Home-Based
Northeast Arkansas Migrant Co-op Even Start Bald Knob, AR	2-93	7	Multiple agencies	Portage Model Home-Based
Allegan County MECEP Programs Allegan, MI	6-93	12		Portage Model Home-Based

CONFERENCE PARTICIPATION August 1, 1990 - July 31, 1993

SPONSOR & LOCATION	LEVEL	DATE	TYPE OF INVOLVEMENT
Council for Exceptional Children Charlotte, NC	National	Nov 90	DEC Conference Display
Indiana Head Start Association Conf	State	Nov 90	Presentation
MI Head Start Conference Lansing, MI	State	Nov 90	Presentations
Dickinson Area Teacher Center Dickinson, ND	State	Jan 91	Awareness Sessions (2)
Oshkosh Special Education Conference Oshkosh, WI	State	Feb 91	Presentation
Administration Training Project Eau Claire, WI	State	April 91	Presentation
IL Early Childhood Conference Springfield, IL	State	April 91	Presentation
Conference on Training Paraprofessionals, CA	State National	April 91	Presentation
UW Stout Early Childhood Conference Menomonie, WI	State	April 91	Presentations (2)
International Association of Special Educators Milwaukee, WI	International	May 91	Presentations (3)
Texas Summer Institute Conference Austin, TX	State	June 91	Presentations (2)
NDN Conference Knoxville, TN	National	Oct 91	Presentation
Birth to Three Tribal Council WI	State	Oct 91	Presentation

SPONSOR & LOCATION	LEVEL	DATE	TYPE OF INVOLVEMENT
NDN Tennessee Awareness Conference TN	State	Oct 91	Awareness Sessions
National Council of Developmental Disabilities Madison, WI	National	Oct 91	Presentation
Council for Exceptional Children Green Bay, WI	State	Oct 91	Presentation
Dane County Division of Health Madison, WI	State	Nov 91	Presentation
Dubuque Community Schools Dubuque, IA	State	Nov 91	Awareness
Minnesota Head Start Conference Bemidji, MN	State	April 92	Presentations (2)
Waisman Center - Working with Indian Families, Madison, WI	State	April 92	Presentation
Parent to Parent Conference Phoenix, AZ	National	April 92	Presentation
Ohio Early Childhood Conference Columbus, OH	State	May 92	Presentation
Mississippi NDN Awareness Conference Oxford, Jackson and Gulfport, MS	State	May 92	Awareness Sessions
Nursing Class, University of Wisconsin School of Nursing, Madison, WI	State	Oct 92	Presentation
International Division for Early Childhood Conference Washington, DC	International	Dec 92	Presentations & Exhibit
Winnebago Co Birth to Three Meeting Oshkosh, WI	State	Dec 92	Presentation
Wisconsin Personnel Development Project Training Eau Claire and Madison, WI	State	Feb 93	Presentations

SPONSOR & LOCATION	LEVEL	DATE	TYPE OF INVOLVEMENT
Plymouth School District Plymouth, WI	Local	March 93	Presentation
Midwest Head Start Conference Indianapolis, IN	Regional	April 93	Presentations
Best Practices Conference Pasco, WA	State	April 93	Presentation
Pennsylvania Division for Early Childhood Conference Harrisburg, PA	State	May 93	Presentation & Exhibit
Texas Early Childhood Conference Austin, TX	State	May 93	Exhibit

IV. METHODOLOGICAL/LOGISTICAL PROBLEMS AND THEIR RESOLUTION (including departures from original objectives)

During this grant period there were some changes made due to methodological or logistical problems; these are described in the following paragraphs.

Articles about high quality early intervention (Objective 2.3) were included in a variety of newspapers and conference proceedings, and various authors have included information about the Portage Model in their works. However, although journal articles are now in the draft stage they were not brought to completion and submitted to professional journals. That will be a goal of our activities during the present funding year.

While project staff did make some use of computerized telecommunications networks (Objective 2.4), it is felt that these networks could be used even more effectively. Project staff will work with others within Cooperative Educational Service Agency 5 to enhance use of this technology to disseminate information, and maintain contact with state agencies and programs.

Rather than publishing and distributing a Family Focused Intervention Newsletter three times a year as originally stated (Objective 2.6), Portage staff decided to send the letter twice a year. It was found that this activity was very time-consuming and the decision was made that staff time would be better used in other ways. By sending the newsletter in the early Fall and early Spring, we were able to make readers aware of training being offered at our office in Portage during the upcoming months and were able to inform people of activities and developments within the Portage Outreach Project.

Portage staff continue to work to develop a more systematic way of providing on-going technical support to demonstration and implementation sites (Objective 3.6). Our experience has shown us that while some programs will contact us to ask questions or request additional assistance, some programs who do need support don't contact us. We now discuss plans for follow-up within our initial phone contact with programs, so that all of us begin to plan for systematic follow-up to the training. This will also help us in managing our personnel resources by making sure that we are not scheduling so many initial trainings that there is no Outreach time left for follow-up activities.

The original grant application stated that Portage Outreach would identify and train ten certified trainers in various states and regions of the country (Objective 3.7); during this grant period we worked with eight certified trainers. We will continue to seek out qualified persons to add to our cadre of certified trainers, as this is seen to be an effective way to extend Outreach efforts.

In some cases, timelines for grant activities had to be modified because it was found that more time was needed to develop the activities at the level of quality and comprehension that was desired. One example of this is the additional time needed to develop

implementation/training guides for the Portage Family Focused Intervention Model, guides which will be used as supporting documentation by trained sites and certified trainers (Objective 4.1). While we had anticipated that we would finish these guides within this grant period, additional time is being taken to ensure that the finished products reflect the current best practices embodied in the Model and that it is all-inclusive. These guides will be finished within the next few months.

Objective 4.2 stated that Portage Outreach staff would revise the *Portage Guide to Early Education* to reflect current research in functional assessment. As this process was begun, discussions and initial field testing of ideas were carried out with direct service personnel and other early intervention professionals, including parents. In this way it was decided that rather than a revision of the current Portage Guide, we would better serve the field by developing a new product which reflects the current best practices being carried out within the Portage Project Birth to Three Program, and which incorporates ideas of functional assessment. This led to the creation of *Growing: Birth to Three*, an innovative system of materials which takes an ecological approach to family guided interactive intervention. A special edition of the Portage Project newsletter introduced this new system of materials, and a brochure was developed to provide more information to interested programs. Project staff are now doing initial trainings in the use of these materials, and it is anticipated that requests for Outreach training and technical assistance will continue and expand in the coming months.

Work continues to develop a videotape depicting exemplary procedures employed in family focused intervention (Objective 4.3). While some video footage collected during Portage Birth to Three home visits has been used for training to discuss and demonstrate procedures and techniques, Portage staff continue will continue to collect and, as necessary, "stage" video footage to create tapes on additional aspects of service delivery.

V. EVALUATION FINDINGS

This section on research or evaluation findings will look at the Portage Multi-State Outreach Project relative to:

a) Evidence of Outreach activities, and
b) Evidence of Model effectiveness.

A) Evidence of Outreach Activities

Evidence of Outreach activities has been described in the preceding sections of this report, particularly Section IV. As has been stated, Portage Outreach activities affected over 1,900 personnel from a variety of agencies, and over 15,000 children and families were indirectly affected by these activities through enhanced services. In addition, Portage Outreach activities contributed to the field of early intervention through various public relations efforts such as conference presentations, written publications, assistance to state level personnel, and development of materials to further the implementation of best practices.

Quality and consistency of Portage Outreach materials, dissemination, training and implementation activities is assured through a variety of methods. One indicator of the quality of the Portage Materials is that programs continue to order and re-order the materials in large quantities; recent figures show that over 73,000 copies of the Portage materials were sold in the period from July 1, 1992 to June 30, 1993. Another indication of the quality and usefulness of the Portage materials is the fact that they have been translated into over 35 languages and are being used around the world in a variety of cultures and settings.

Quality of dissemination activities is evidenced by the fact that the Project continues to get requests for Outreach training. The quality of training activity is monitored through the use of a written evaluation of training completed by each person who participates in a Portage training. All trainers, including Certified Trainers, are required to submit these evaluations to the Training Coordinator who reviews them to monitor trainer effectiveness and assists with trainer skill development in identified areas of need. Training evaluations are consistently positive; the following are some sample comments: *Trainer was well trained and knowledgeable in many areas of Early Childhood and an excellent presenter; Time well spent, curriculum and all ideas presented will be very helpful; Being a new teacher I really enjoyed how thoroughly everything was explained; One of the best presenters I've ever seen.* Additionally, the Portage Project Director contacts each program after training has taken place to ascertain the level of satisfaction with the training and to determine the need for follow-up.

Quality of training is also monitored through use of surveys of teachers who have participated in Portage training, and surveys of parents whose children are receiving services based on the Portage Model. Results from surveys are discussed under the next section on evidence of model effectiveness. The Portage Model has been repeatedly referred to in the professional

literature as an exemplary model for early intervention services. A few examples of works which have cited the Portage Model include:

Bognato, S.J.; Neisworth, J.T.; Munson, S.M. (1989). *Linking Developmental Assessment and Early Intervention: Curriculum-Based Prescription, Second Edition.* Rockville, MD: Aspen Publishers, Inc.

Bricker, D. (1986). *Early Education of At-Risk and Handicapped Infants, Toddlers and Preschool Children.* Glenview, IL: Scott-Foresman and Company.

Dangel, R.F., & Polster, R.A., (1984). *Parent Training.*

Haines, Ann H., (Spring, 1991). Portage Classroom Curriculum from *Teaching Exceptional Children,* University of Wisconsin - Milwaukee. pp. 9-72.

Management of the Motor Disorders of Children With Cerebral Palsy, Edited by David Scrutton, 1984.

Human Services That Work, Edited by Stan C. Paine, G. Thomas Bellamy and Barbara Wilcox, Baltimore, MD Paul H. Brookes Publishing Company, 1984.

The Portage Model has been replicated in numerous sites around the country and the world, in a variety of cultures and geographic settings. Portage trainers encourage adopting programs to adapt and modify the model to meet local circumstances, while remaining consistent with the basic components of the model. Three replication sites are briefly described here to give a sense of the diversity of sites and the variety of uses of the model.

Native American Portage Project Replication (NAPPR). This program, in Albuquerque, New Mexico, is in its eighth year of serving Native American children from birth to age five who have special needs. The NAPPR program uses the Portage Model in implementing a transdisciplinary approach, with weekly services provided by home teachers as well as a speech therapist, motor therapist, and/or a diagnostician, depending on each child's needs. Minimal adaptations have been made to the model, with these being primarily changes in language skill items, or in the type of paperwork completed. Three NAPPR home teachers have gone on to become Portage Certified Trainers, and the program hosts visitors interested in learning about the use of the Portage Model in provision of early intervention services to Native American families.

Center for Family Resources, Inc. Based in northern New Jersey, this early intervention program began using the Portage Model in 1987. The program serves two populations: preschool children who have been diagnosed as having a disability are served by the Early Intervention Project; children who are "at-risk" due to a 25% delay or more in one developmental area or home environmental conditions which indicate the need for support are served through the At-Risk Program. Originally the program served 12 children;

demonstrated success in implementing a program based on the Portage Model has enabled the Center to expand to serve 58 children and families with grants for additional expansion funding currently being processed. This demonstration site has particular significance as it is one of the first home-based programs in New Jersey. The New Jersey State Facilitator has been working as a liaison between the Center and the state education agencies to support its use as a model program in New Jersey. Two individuals from the program are in the process of becoming Certified Trainers, which will facilitate growth of such programs in the state.

Southwest Community Action Program Head Start. With offices located in Dodgeville, Wisconsin, this Head Start program has been a Portage replication site since 1975. The program provides home-based services to 216 children and their families in four rural counties. Staff from the program have consulted with other programs who are interested in establishing home-based services based on the Portage Model. Portage staff continue to work with this program yearly to train new home visitors and to support existing home visit staff.

B) Evidence of Model Effectiveness

Original evaluation studies of the model showed that children made significant gains in the acquisition of physical, cognitive, language, social, and self-help skills. The pre- and post-program comparisons on a variety of assessment instruments (Cattell Infant Intelligence Scale, Stanford-Binet Intelligence Scale, and the Alpern-Boll Developmental Profile) showed consistently greater gains for children receiving project services than could be expected based on previous developmental progress (Shearer and Shearer, 1972). These results indicated that the Portage Project had potential promise as a model for early intervention in other areas in the U.S. In 1972, the Project received funds to offer assistance to agencies interested in replicating the Portage Project and to evaluate the effectiveness of the replication process.

Results showed that children in replication sites were making very similar gains to those at the original program. The severity of disability and type of staff or administrative structure did not appear to mediate the magnitude of the effects. Professional teachers and trained paraprofessionals obtained similarly significant gains with their children (Schortinghuis and Frohman, 1974). The critical factors appeared to be the regularly scheduled weekly home visits, the cooperation of parents with the home teacher and a data-based decision-making process.

A revalidation submission compiled for the National Diffusion Network (NDN) of the Department of Education in January, 1992 presented the claim that children receiving services based on the Portage Model make greater gains than can be expected given the child's developmental status upon entering the program. This claim is supported by child data and teacher and parent report. Children, parents, and teachers/interventionists from four Portage replication sites served as the sample population for data collection. Three of the sites - The Native American Portage Project Replication, the Center for Family Resources, and Southwest Community Action Program Head Start - were described in the previous section of this report. One additional program, Astabula County Head Start in Ohio, is also included in the reported

data. These four sites were selected as representative of different types of programs using the model (combination home-classroom and solely home based); various regions of the country (east coast, midwest, and southwest); and various cultures served (one program serves only Native American children and families). Portage Project staff have done follow-up with the programs and each has demonstrated exemplary implementation of the Model.

We believe that Portage Checklist data and Alpern-Boll data demonstrate conclusively that children make progress in learning developmentally relevant skills, at a more rapid rate than they had attained prior to enrollment in intervention. Children made significant progress in diminishing their developmental delays, and greater developmental gains than would be expected due to maturation alone (or with no intervention program.). Data reported is consistent with previous evaluations and supports the effectiveness of the model.

The question of efficiency in early intervention is complicated by problems with the design of standardized tests for infants and young children. Many available tests have limited or questionable psychometric properties. Tests which have better psychometric characteristics, such as the Bayley (1969) and Battelle (Guidabaldi, et. al, 1984), have been criticized for cultural bias and are often too expensive to be widely available to community based programs (Bailey et. al., 1987; Campbell et. al., 1986; McLean, et al., 1987). Further, parents of young children with disabilities are often reluctant to have their children compared (often unfavorably) with an established developmental norm.

Bagnato and Neisworth demonstrate that the relationship between criterion-referenced or curriculum-based assessment tools, and prescriptive teaching methods provide the most logical and effective approach to early intervention (Bagnato & Neisworth, 1989). From the perspective of parent satisfaction with goal selection and documentation of program outcomes, Turnbull et. al., (1981) have recommended the use of the IEP form, skills checklist, graphing and anecdotal records to document progress (Simeonsson, 1986) in children enrolled in early intervention and preschool programs.

The Portage Checklist is an example of a criterion based assessment tool which allows programs to document progress toward the specific goal selected by parents and teachers. As the parent and child work on each of the chosen skills, progress is charted on a daily basis by the parent, and the teacher and parent record the objectives and goals achieved at each weekly visit. This approach to record-keeping corresponds to the methods recommended by Turnbull (1981), that IEP (IFSP's) be used to document goals agreed upon by teachers and parents, and that graphs (Portage Activity Charts), checklists (Portage Guide to Early Education Checklist) and anecdotal records (home visitor notes) be used to monitor the child's progress.

For the purposes of the revalidation submission, data from the Ashtabula Head Start was presented to demonstrate progress in five developmental domains for 24 children enrolled in this Portage replication site. This data indicated that children accomplish an average of 2.63 skills per month in each developmental area, resulting in an average of 13 skills gained each month of intervention.

TABLE II
(N = 24)

		Mean Chron. Age		Motor	Self Help	Social	Cognitive	Comm
Pre-Test		47.83						
Post-Test		56.79						
Months Gain		8.96						
Mean Gain Each Area	Mean Gain All Areas	2.63	13.15	2.73	3.39	2.02	2.61	2.39

In addition to the Portage Guide to Early Education Checklist, the Portage Project has traditionally used the Alpern-Boll Developmental Profile II to demonstrate the effectiveness of this individualized intervention. The Alpern-Boll was standardized in 1972, and revised in 1980, by Alpern & Schearer. This assessment tool was developed in response to two persistent problems of assessment in Early Intervention--the need for a standardized, multi-domain profile of individual development across the preschool and early childhood years, and the limited availability of professionals trained in psychometric assessment of very young children.

In design and application we recognize the Alpern-Boll (II) revision as an early effort to resolve the same issues as the Battelle is now proposed to address: to document developmental progress in a multi-dimensional sense across the years of early childhood into school. There is no doubt that the Battelle is statistically superior to Alpern-Boll, but it continues to be limited in availability at the community program level, due to the extensive training requirements for administration, time needed for test administration and cost to programs for assessment materials and personnel qualified to administer the test. The Alpern-Boll was the best instrument available for demonstrating the efficacy of the Portage Project in the 1970s and 1980s, and was the instrument accepted by the Joint Dissemination Review Panel (JDRP) of the NDN in 1974 and 1985. Therefore, we included two sets of program outcome results using the Alpern Boll to demonstrate consistency of effects with the earlier studies.

The original JDRP submission included an age-expectancy evaluation design and used the Alpern-Boll Developmental Profile (1972), which was not submitted to statistical significance testing. It also employed a pre-test design using a number of language and cognitive measurement instruments. Since the original submission it has become impossible to require adoption sites to use many instruments because of a lack of trained psychologists and limited staff and financial resources.

The 1975 and 1985 JDRP submissions presented mean monthly gain from pre to post-test time per month the children were in the program on the five developmental scales of the Alpern-Boll. This data was reported for the original Portage Demonstration and five replication sites and are summarized in Table III. Alpern-Boll test scores are reported as developmental ages in months.

TABLE III

	Mean Chron. Age	Physical	Self Help	Social	Academic	Communication
Pre-Test	44.3	41.2	50.0	46.5	38.1	38.6
Post-Test	51.1	51.3	60.5	56.4	49.1	47.1
Months Gain	6.7	10.1	10.5	9.9	11.0	8.5
Mean Gain Per Month		1.5	1.6	1.7	1.6	1.2

The mean pre/post test performance gains for children in the Portage Demonstration project and five replication sites (1983-1984) indicates a mean gain per month in the program ranging from 1.2 to 1.7 months developmentally.

Alpern-Boll Developmental Profile II data from current replication sites in New Jersey is presented in Table IV. A similar positive trend in accelerated development following intervention is found in this data. This data is from children whose mean age was 28.1 months at post testing as compared to 51.1 months in the 1985 revalidation data. Another interesting difference is the length of intervention, early studies reported intervention of 6.7 months current data is reported over 14.7 months. This data supports project claims of impacting positively the child's development over a longer term than previously reported.

TABLE IV
(N = 38)

	Mean Chron. Age	Physical	Self Help	Social	Academic	Communication
Pre-Test	13.4					
Post-Test	28.1					
Months Gain	14.7					
Mean Gain Per Month		1.06	1.29	1.19	1.12	1.15

Mean time between pre and post-testing for 1988-91 was 14.69 months. Developmental gains ranged from 1.06 to 1.29 months per month in program. Average age at program entry was 13.41 months, average age at post-test was 28.1 months.

Further support to the child change data is that service providers (teachers, aides, interventionists, therapists, and other related service providers) who participate in training in the Portage Family Focused Model of Early Intervention are more effective in providing services that maximize child development, are responsive to family needs, and support family functioning, as determined by parent survey and service provider self-report.

A survey conducted in May, 1991 was directed to home teachers who had previously received Portage training and were currently providing home based services based on the Portage Model. This survey was designed to measure the long term impact of training on home teachers. Portage Project training consistently receives high levels of satisfaction from participants; this survey provides an indication of changes in skills, knowledge and attitudes through implementation of strategies introduced in Portage Project training. Overall, training participants expressed a high level of satisfaction with their skill development relative to the training, especially in the areas summarized in Table V. Complete results of this survey are summarized in Appendix A.

TABLE V (3 point scale, 3 being highest ranking)
(N = 27)

To what extent did the Portage training help you improve your skills on each item:

ITEM	MEAN RANKING
Using a developmental checklist for curriculum assessment and planning	2.94
Carrying out a three-part home visit	2.78
Working with parents to plan individualized activities to promote children's development	2.60
Working as a partner with parents	2.51
Using data collection methods as a means of ongoing curriculum planning	2.36
Integrating skill practice for children into daily routines of families	2.33
Working with parents to plan smooth transitions into the child's next program	2.21

These results indicate that home teachers did perceive that they had improved their skills in a number of areas related to enhancing child and family functioning as a result of Portage training.

Parents participating in services based on the Portage Model report that they gained skills to enhance their child's development and to support their family's functioning. A survey of parents who were participating in home-based services which were based on the Portage Model provided data. The survey results reflect the views of 37 parents participating in five different programs in four states. Table VI summarizes the responses to items on the survey that relate to this claim. Complete survey results can be found in Appendix B.

TABLE VI (4 pt. scale, 4 being highest ranking)
(N = 37)

ITEM	MEAN RATING
A portion of each home visit is spent discussing my concerns as a parent	3.73
I am more aware of how ordinary experiences are part of my child's learning	3.70
I am an active member of the team planning intervention for my child	3.57
I know more about setting appropriate goals for my child	3.28

These results indicate that parents gained more knowledge of planning goals and experiences for their child, as well as gaining confidence to be an active member of the intervention team and discuss family concerns and strategies as a result of participating in Portage replication services. The responses from parents concur with those of the home teachers which were previously presented. Portage training develops skills in home teachers which enable them to work in partnership with families to provide effective early intervention.

The Portage Model continues to provide an effective intervention program for children and families as demonstrated through this data. This is a model program which supports the National Education Goal of *all children will start school being ready to learn* and supports the commitment to family involvement in the education process. Not only is the Portage Project an effective model, it is also a project whose dissemination efforts have touched almost all states with diverse cultural and geographic aspects as well as numerous foreign countries. The Project continues to be guided by researched best practices in the field of early childhood education as it strives to expand and enhance the quality of services to young children who have special needs or are economically disadvantaged and their families.

VI. PROJECT IMPACT: Project impact, including a list of products and where available, dissemination activities, publications, implications of findings, and other indicators of the Project's effect on the field of early intervention for children with disabilities and their families.

The impact of the Portage Multi-State Outreach Project has already been addressed to some degree in the preceding sections of this report. In addition, the following pages contain a description of projects managed and publications produced by the Portage Project.
The Portage Project, administered by CESA 5, is entering its twenty-fourth year of operation. Initially funded in 1969 by the Bureau of Education for the Handicapped, direct service staff presently provide a wide range of services in early childhood education, model development, training and technical assistance, and materials development. The Project's work in model development led to the implementation, evaluation and subsequent dissemination of the Portage Model of Early Intervention. This system, known as the Portage Model, has been utilized by more than 140 sites in the United States, and over 30 countries as a delivery system of high quality early intervention services to young children and their families. The Model was unanimously validated by the Joint Dissemination and Review Panel (JDRP) of the U.S. Office of Education in 1975 and revalidated in 1985 and 1992. Since that time the Portage Project has been extensively involved in providing training and technical assistance, developing materials, and supporting a wide variety of public and private agencies across the United States and abroad.

Project personnel have had extensive experience working with a broad spectrum of service agencies at local, regional, national and international levels. These agencies include: local school districts; community social services and health departments; state educational agencies; universities and vocational and technical schools; day care associations, volunteer service organizations such as Lion's Clubs, Knights of Columbus and JAYCEES; national professional and parent organizations such as NAEYC, the Council for Exceptional Children, Division for Early Childhood, PACER; Peace Corps; and UNICEF and UNESCO of the United Nations. These varied experiences have assisted Project staff to be responsive to the needs of others in a multitude of settings and to coordinate multi-faceted efforts to improve services to those in need.

The following is a brief chronological description of Portage Project National, State and Local, International and Materials Development activities.

NATIONAL

A. 1973 - 1976 The Office of Child Development/Bureau for the Education of the Handicapped (BEH) awarded a collaborative grant to the Portage Project, Central Wisconsin Community Action Council, and Dane County Head Start to provide training and technical assistance to twenty-three Head Start centers in Region V in procedures for carrying out a home-based program for children at risk of developmental delay.

B. 1974 - Present The Offices of Special Education and Rehabilitative Services (OSERS) funded the Portage Project to:

- provide training and technical assistance to agencies interested in developing a home training program similar to the Portage Project
- develop demonstration programs to serve as pilot programs in other states
- develop educational materials for educators to use in working with pre-school children

C. 1975 - 1982 The Office of Child Development, now the Administration for Children, Youth and Families (ACYF) awarded to the Portage Project a grant to establish one of the five Home Start Training Centers in the country. The center, working in Region V, provided training and developed and disseminated materials in how to plan, develop, initiate and evaluate the Head Start home-based option.

D. 1975 - 1978 The Research Projects Branch of BEH awarded a research grant to the Portage Project to study the impact of a home-based intervention model on the child-rearing practices and teaching skills of parents and to develop new procedures and materials to enhance the acquisition and generalization of those skills taught.

E. 1976 - Present ACYF awarded to the Portage Project one of the fifteen Resource Access Projects in the country. The purpose of the Project is to assist Head Start programs in working with children with disabilities. Specifically the project identifies consultants, materials, and demonstration sites; assesses the needs of Head Start programs; and links programs with appropriate resources, as well as monitoring services to ensure that the identified needs have been met.

F. 1979 - Present The U.S. Office of Education, Office for Educational Research and Improvement awarded the Portage Project a contract for a Developer-Demonstrator Project in support of the National Diffusion Network (NDN). The purpose of the contract is to develop and disseminate materials, to provide training and technical assistance to programs adopting the Portage Model, and to exchange information with other projects and agencies to promote the utilization of validated projects throughout the U.S.

G. 1979 - 1981 U.S. Office of Education, under the Media Services and Caption Film Program, awarded the Portage Project a grant to adapt the *Portage Parent Program* into twenty filmstrips to be used with parents in either group or individual work.

H. 1979 - 1983 Head Start Region V and the National Office of ACYF contracted with Portage Project to develop and implement a training program for Head Start administrators and teachers, and to develop and field test a manual designed to facilitate provision of services to children with disabilities within Head Start.

I. 1985 - 1987 The U.S. Office of Health and Human Services awarded the Portage Project a grant to teach protective behaviors to 85,000 children in 96 school districts in rural Wisconsin. The goals of this program were:

- to prevent child physical and sexual abuse by providing training on protective behaviors to children in kindergarten through sixth grade
- to demonstrate a collaborative effort among agencies to prevent child abuse
- to document the progress of the program so that it can be replicated by other agencies throughout the state of Wisconsin and by other intermediate school districts across the country

J. 1986 - 1988 The U.S. Office of Health and Human Services awarded a grant to the Portage Project, entitled Tapping Comprehensive Resources for Teenage Parents. This project provided needed services to prevent child abuse. The target population of this project was unwed teenage mothers who were at risk. The project had two major components: a parent support aide component and an education/socialization group component.

K. 1985 - 1986 ACYF and the Regional Office granted funds to the Portage Project to develop *The Head Start Home Visitor Handbook*. Project staff worked with Home Start Training Centers and home-based programs across the country to compile a handbook that contained the "best practices" in the home-based option.

L. 1984 - 1987 The Teacher Preparation Department of OSERS awarded a joint grant to the Greater Minneapolis Day Care Association and the Portage Project to develop training materials to train child care workers to care for children with special needs. This project had four objectives:

- to develop a competency skill inventory for child care providers caring for children with special needs
- to develop and publish training content and materials based on the skills identified in the competency inventory
- to develop a training model which is cost effective and easily implemented
- to evaluate the effectiveness of the training model in improving the quality of care for young children with disabilities

M. 1986 - 1987 ACYF and the Region V office funded The Head Start Home-Based Support Project at the Portage Project. The purpose of this grant was to provide training and technical assistance to Head Start programs in the implementation of high quality home-based options. Project staff:

- provided intensive workshops for new and experienced coordinators and home visitor staff throughout the 6 state region
- developed a resource directory of exemplary programs, practices, and materials prepared by Head Start home-based programs in the region
- developed state home-based consortia to facilitate the sharing of problems and successful solutions among programs in each of the states in Region V

N. 1986 The Region V office provided the Portage Project with funds to develop customized reports based on regional PIR information. Project staff met with regional office staff and a group of Head Start directors to develop useful report formats that could assist state associations and local programs in program planning. The reports take mainframe data, translate information to a developed microcomputer application program and develop state and individual program profiles on critical indicators.

O. 1986 - 1989 Linking Infants and Families Together (Project LIFT) was a three-year project funded by OSERS as a demonstration project. Aimed at developing, implementing, and disseminating a model of comprehensive and responsive services, it was designed to meet the intense needs of infants and toddlers with severe/multiple disabilities or severe chronic illness and the diverse needs of their families in rural south central Wisconsin.

P. 1988 - 1989 Home-Based Support Project - Region V Administration for Children, Youth and Families funded the Project to develop and disseminate the Home-Based Supervision Guide. This manual was developed and disseminated to all home-based Head Start programs in Region V.

Q. 1989 - 1991 Needs Assessment - The Bureau of Indian Affairs contracted the Project to assess the status of services to children between birth and six in BIA reservation school areas. The assessment identified areas of service strength and gaps.

R. 1991 - Present Head Start Transition - Through a subcontract with Central Wisconsin Head Start, Renewal Unlimited, the Portage Project is participating in a national project funded by the Administration for Children and Families to provide continuing family support and developmentally appropriate programs for children in kindergarten through third grade. This project is being implemented in four school districts in Wisconsin.

S. 1991 - Present Even Start - The Department of Education funded the Project to develop Even Start programs for five school districts. Home-based and center-based experiences promote family literacy, parenting and child development.

STATE AND LOCAL

A. 1969 - Present Birth to Three - The Portage Project and its parent agency, CESA 5, provide home-based intervention to families of children with disabilities.

B. 1973 - 1981 The Head Start Child and Family Development Center (CFDC) of the Milwaukee County Community Relations-Social Development Commission contracted with the Portage Project to implement a home-based program in Milwaukee. The program, called Operation Success, served as a demonstration site for Head Start programs in HEW Region V, and Indian-Migrant Program Development (IMPD).

C. 1975 - 1981 CFDC contracted with Portage Project to implement, in addition to the home-based project, a classroom program which would integrate children with disabilities with typically developing Head Start children in a model demonstration program for other Head Start programs to observe.

D. 1984 The Wisconsin Governor's Children's Trust Fund awarded a grant to the Portage Project to develop a protective behaviors program for school districts in Columbia County.

E. 1989 - 1991 The Wisconsin Department of Health and Social Services funded the Project to develop Demonstration Learning Sites, a system of community coordination and service delivery for young children with special needs. Local Coordinating Councils have developed Child Find activities, parent support groups, local parent newsletters and service coordination through support from the Learning Sites Project.

F. 1989 - 1991 Parent Involvement - The Wisconsin Council on Developmental Disabilities funded the Portage Project to develop teacher training materials to enhance the skills of teachers in working with parents. The second phase of the project expanded these training materials through video tapes.

G. 1991 - Present Project Include - Funded by the State Department of Public Instruction is designed to increase opportunities for children with disabilities to engage in typical early childhood experiences. Parents are supported in their efforts to secure these experiences for their children.

H. 1991 - Present State Maternal and Child Health funds support the development of collaborative system development in two counties. These systems are designed to offer comprehensive, community-based, family-focused services for children with special health care needs.

I. 1992 Project CIPP is designed and delivered by parents of children with disabilities to promote *Communication Involves Parents and Professionals*. This project is funded by the state Department of Public Instruction.

INTERNATIONAL

A. The United Kingdom - A series of training workshops and exchanges in 1976 in England and Wales has led to country-wide adoption of the Portage Model and the creation of the National Portage Association, 400 members and growing.

B. Japan - Beginning in 1984, the Portage Project has worked with Japanese educators to establish Portage programs in Japan. Regular exchanges between our countries have occurred since that time.

C. Peru - In 1976 USAID funded the Portage Project to set up non-formal early education programs in collaboration with the Ministry of Education of Peru and the National Institute of Educational Research and Development. This 3-year project, established in 6 urban and rural sites using community workers as interventionists, had expanded to 1500 sites at last count or by 1987.

D. Taiwan - Since 1986 the Portage Project has conducted two intensive workshops in Taiwan to support early intervention programs. A Taiwanese foundation has translated and made available for purchase both pre-school curriculums.

E. China - In 1985, a three-week intensive training and lecture series sponsored by UNICEF was provided for medical personnel in Canton. Additionally, a delegation of 10 Chinese educators and professionals attended the Third International Portage Conference and subsequent intensive training (1990).

F. India - Professors in India have been working with the Portage Model and methodology since the early 1980s. The Portage Project is currently entering a four-year project to establish and provide on-going training and support to programs at two sites. Participants from India are planning to visit Portage, Wisconsin and staff will visit India to learn more about the specific concerns and goals of that program.

G. Puerto-Rico - In 1979, Portage Project staff conducted parent seminars for over 400 parents and educators at six locations during a two-week period.

H. Ecuador - Portage trainers conducted an intensive training for center program personnel in Guayaquil.

I. Dominican Republic - In 1979 Portage Project staff assisted personnel of the Centro di Rehabilitacion to set up a 1-year, 3-phase pilot program for home-based programming. A followup visit in 1980 found a sound program in place.

J. American Samoa - Portage staff spent 10 days training agency personnel.

K. El Salvador, 1982 - USAID sponsored Portage staff to do one week of training. Additionally, Portage Project staff compiled for USAID a proposal to work with incoming refugee population.

L. Panama/Guatemala - In March, 1980 USAID contacted Portage Project staff to meet with AID and education staff in these 2 countries to assess the feasibility of instituting early childhood, parent and child development centers.

M. Venezuela, 1982 - Portage Project staff served as consultants regarding early intervention programs and teacher training.

N. Intensive training held in Madison, WI with participants from China, Saudi Arabia, Sweden, Korea, and India. This 5-day training followed the International Conference and offered opportunities to learn new strategies and share international perspectives.

O. Peace Corps Volunteer Training.

P. Dept. of Psychology, University of Senora, Mexico, 1991 - Portage Project conducted a two-week workshop on services to children birth to six for students and professors from the University of Senora to assist them in the format for delivery of services within the context of their research project.

Q. Bucharest, Romania, 1993 - collaborated with the Peace Corp and UNICEF to provide training to child care workers and develop plans for further assistance within Romania.

R. Spain, 1991 - Portage Project staff presented a two day training on home-based programming at three sites throughout Spain: Madrid, Barcelona and Burgos. Staff also met with a representative of Early Childhood Special Education, Ministry of Education to discuss future adaptation and implementation of the Portage Classroom Curriculum.

S. Portugal 1992 - Portage staff participated in the first National Portage Association Conference in Portugal. Staff also provided intensive training for staff of local programs.

MATERIALS DEVELOPMENT

Portage Project staff have been involved in materials development activities for Head Start, other early childhood educators, parents and administrators. Many of these materials have been distributed nationally and internationally. One example is *The Portage Guide To Early Education (PGEE), 1976*, which is a widely acclaimed curriculum for children from birth to six years of age. It has now been translated into 35 languages and is widely used by Head Start and other early childhood programs. Another example is the *Portage Classroom Curriculum*. It was tested in over 100 Head Start classrooms and includes sections on competence building, protective behaviors, parent participation, and skills necessary for transitioning into public school programs. A complete annotated listing of products developed by the Portage follows. The *Portage Classroom Curriculum* is now in its second

printing and it is being distributed both nationally and internationally. The most recent addition to the Portage family of materials is *Growing: Birth To Three*. This curriculum is designed to facilitate interaction and an ecological approach to intervention services.

1. *The Portage Guide to Early Education*, S. Bluma, M. Shearer, A. Frohman, and J. Hilliard (1976). Cooperative Educational Service Agency 12, Portage, Wisconsin.

   A widely acclaimed curriculum for children from birth to six years of age. It consists of three parts: a developmental checklist with 580 behaviors in five developmental areas; a card file of activities; and a manual. The PGEE has now been translated into 35 languages by the Portage Project and other agencies.

2. *Portage Parent Program: Parent Readings*. Richard D. Boyd and Susan M. Bluma (1977). Cooperative Educational Service Agency 12, Portage, Wisconsin.

   A book for parents presenting 25 important parenting topics using real life examples, worksheets and response sheets that accompany each reading.

3. *Portage Parent Program: Instructor's Manual*. Richard D. Boyd, Kathleen A. Stauber, Susan M. Bluma (1977). Cooperative Educational Service Agency 12, Portage, Wisconsin.

   This book describes in detail how to help parents achieve, maintain and generalize the specific skills.

4. *Portage Parent Program: Parental Behavior Inventory*. Richard D. Boyd and Kathleen A. Stauber (1977). Cooperative Educational Service Agency 12, Portage, Wisconsin.

   This 80-item inventory states the skills necessary for effective teaching and child management. Includes space for self-evaluation by parents.

5. *LaGuia Portage de Educacion Preescolar*. S. Bluma, M. Shearer, A. Frohman, and J. Hilliard (1978). Cooperative Educational Service Agency 12, Portage, Wisconsin.

   A Spanish translation of the PGEE for use in bilingual/bicultural programs within the United States and with Spanish speaking populations throughout the world.

6. *Portage Project Readings*. (1980, 1976). Cooperative Educational Service Agency 12, Portage, Wisconsin.

   This publication is a revised compilation of research and descriptive articles concerning the Portage Project.

7. *A Parent's Guide to Early Education*. S. Bluma, M. Shearer, A. Frohman, and J. Hilliard (1978). Cooperative Educational Service Agency 12, Portage, Wisconsin.

   This publication presents the PGEE in a special book format just for parents. It was developed to meet the increasing requests from parents for practical suggestions for enhancing and supporting their child's development.

8. *Initial Education for Non-Formal Home-Based Programs*. Training Manual. Craig R. Loftin (1978). Cooperative Educational Service Agency 12, Portage, Wisconsin.

   This manual, printed in both English and Spanish, provides procedures and content for the training of non-professional home visitors.

9. *Informe Final del Proyecto "Validacion del Modelo Portage en el Peru"*. George Jesien, Jose Aliaga & Martha Llanos (1978). CESA 12, INIDE & Ministry of Education in Peru.

   A detailed report on the adaptation of the Portage Model in Peru. It contains information on the study population, curriculum adaptation, the service program provided, and the project evaluation results.

10. *Manual de Nutricion*. Evelyn Reboti 1978. CESA 12, INIDE and the Ministry of Education of Peru.

    A nutrition manual developed specifically for the Portage Project in Peru. It is culturally specific to native customs and foods.

11. *Portage Parent Program Media Filmstrip Series*. Susan Bluma and Dick Boyd (1980). Cooperative Educational Service Agency 12, Portage, Wisconsin.

    The Portage Parent Program was the foundation for these 20 informative filmstrips. Each set consists of one filmstrip, a cassette and audio script. A discussion guide is provided to highlight the content and facilitate discussion for non-readers and parent groups.

12. *Serving Handicapped Children in Home-Based Head Start*. Manual and Training Guide (1980). Cooperative Educational Service Agency 12, Portage, Wisconsin. The Manual is meant to help home visitors, teachers and disability services coordinators involved in home-based programs. The Training Manual is designed for use by programs in the training of their personnel.

13. *Development and Implementation of the Individual Service Plan in Head Start.* Barbara Wolfe, Jordana Zeger, Maureen Griffin, and Julia Herwig (1982). Cooperative Educational Service Agency 12, Portage, Wisconsin.

    This comprehensive training guide contains all materials necessary to conduct 14 workshops for staff on individual programming for children with special needs.

14. *Get a Jump on Kindergarten: A Handbook for Parents.* A.H. Frohman and Karen Wollenburg (1983). Cooperative Educational Service Agency 12, Portage, Wisconsin.

    Illustrated by elementary students, this booklet presents practical suggestions for helping parents help their children become successful and independent in their kindergarten experiences.

15. *Parent Involvement Resource Manual; Comprehensive Materials for Teaching Parent Involvement.* (1989). This resource was prepared for distribution through the Wisconsin Council on Developmental Disabilities. It is primarily designed to support teacher education programs in incorporating information on parent involvement.

16. *Building Partnerships by Respecting Cultural Diversity.* (1991). Designed for both pre-service and in-service use, this videotape and discussion guide will foster a better understanding of diversity and challenge staff who serve families to create a balance of power, mutual sharing of information and decision making between staff and all parents. Distributed by Wisconsin Council on Developmental Disabilities.

17. *Maintaining Partnerships Through Communication.* (1991). Designed for parents, this videotape and discussion guide will provide parents with communication tools to strengthen interactions and build partnerships with service providers -- teachers, administrators, and other personnel. Assertive communication which builds trust, self-respect, and a balance of power is demonstrated. Distributed by Wisconsin Council on Developmental Disabilities.

18. *Growing: Birth to Three.* This innovative curriculum features an ecological approach to intervention planning and focuses on promoting child and caregiver interactions.

VII. STATEMENT OF FUTURE ACTIVITIES

The Portage Multi-State Outreach Project has received continued funding through the Early Education Program for Children with Disabilities to continue its Outreach activities. The chart on the following pages outlines the goals, objectives, and activities proposed for this grant period.

CHART I: GOALS, OBJECTIVES AND ACTIVITIES

GOAL 1: To assist State Educational Agencies and designated Early Intervention Lead Agencies in planning, developing, and implementing their comprehensive service plan for young children with disabilities and their families.

YEAR 1 OBJECTIVES	ACTIVITIES	YEAR 2	YEAR 3	Outcome/ Evaluation
1.1 To provide statewide presentations and inservice sessions to teachers/interventionists and local programs in at least 10 states on the provisions of P.L. 99-457, best practices, and selected components of the Portage Model	- respond to state surveys - jointly design training options - plan and conduct training using various options - evaluate and inform states of results - work with early childhood technical assistance contractor to identify additional states	3 additional states	3 additional states	Participant evaluations
1.2 To coordinate with state agencies to provide training to local service programs in Portage Project Outreach components	- inform state staff of requests - consult about the state needs - plan and conduct training - evaluate and inform of results - conduct follow-up using various strategies	Continue activities	Continue activities	Correspondence with state staff Positive changes in trained programs Participant evaluations
1.3 To provide intensive training and follow-up support to SEA or Lead Agency selected sites in five states for the purpose of establishing demonstration sites for potential statewide dissemination	- jointly select sites - conduct needs assessment - plan and provide training using various options - monitor and evaluate sites - assist in program adaptations - inform state programs of demonstration site availability - work with early childhood technical asssistance contractor to identify additional states	Continue to support to sites	Additional 3 states	Continue support to sites Additional 3 states Requests from states for additional training

YEAR 1 OBJECTIVES	ACTIVITIES	YEAR 2	YEAR 3	Outcome/ Evaluation
1.4 To work closely with early childhood personnel in the state of Wisconsin to implement the comprehensive state service plan for young children with disabilities	- participate in task committees (birth to three, personnel preparation) - attend ICC meetings - use direct service as demonstration site - collaborate to provide statewide training - provide consultation to county birth to three programs	Continue activities	Continue activities	Committee products Visitors to direct service site Observations of county birth to three programs
1.5 To communicate with state agencies regarding Portage Outreach activities	- send awareness materials - inform about upcoming training - submit post-training report - submit year end report of activities	Continue activities	Continue and summarize all activities	Reports submitted Requests from states
1.6 To contact Part H Coordinators to familiarize them with the new *Growing: Birth to Three* interactive intervention curriculum and how it supports development of family centered services	- send awareness materials - conduct regional awareness sessions to introduce Model - inform about upcoming training - work with early childhood technical assistance contractor to identify specific states	Continue activities	Continue activities	Requests for training and materials from states
1.7 To provide consultation to states as requested on such topics as program implementation procedures, service delivery options, or personnel preparation	- contact state agency staff to offer consultation services - plan and conduct consultations - inform NECTAS and RRCs of consultation activities - work with early childhood technical assistance contractor to address needs of specific states	Continue activities	Continue activities	Correspondence and contact log New or improved services offered in states Requests for subsequent training

YEAR 1 OBJECTIVES	ACTIVITIES	YEAR 2	YEAR 3	Outcome/ Evaluation
1.8 To establish Portage Satellite Training Sites on the West and East coast as a way to provide cost-effective training to early intervention programs	- work with appropriate individuals in New Jersey and Washington to establish sites - inform states in the region of availability of training sites - work with staff at training sites to offer training and technical assistance	Establish 1 additional site Continue activities with original sites	Establish 1 additional site Continue activities with first 3 sites	Training requests Training evaluations New or enhanced services in trained programs

GOAL 2: To increase public and professional awareness of the need for early intervention, the importance of family centered services, and the obligation to provide services in the least restrictive environment.

YEAR 1 OBJECTIVES	ACTIVITIES	YEAR 2	YEAR 3	Outcome/ Evaluation
2.1 To make not less than five formal presentations at national, regional, and statewide professional conferences	- develop and submit presentations - disseminate handouts - identify persons for follow-up or training	Additional 5 presentations	Additional 5 presentations	Participant evaluations Subsequent requests for training
2.2 To develop and disseminate awareness materials descriptive of best practices and Outreach training components	- formulate key ideas - develop content - design graphics - disseminate to states and programs	Continue activities	Continue activities	Requests for information Requests for training and materials
2.3 To submit not less than two articles to professional journals on the various components of high quality early intervention services, parent concerns, or policy issues	- draft articles and have reviewed - submit for publication - disseminate copies	At least 2 additional articles	At least 2 additional articles	Acceptance of articles for publication Requests for reprints Requests for additional information about Project

YEAR 1 OBJECTIVES	ACTIVITIES	YEAR 2	YEAR 3	Outcome/ Evaluation
2.4 To disseminate information and maintain contact with state agencies and programs via computerized telecommunications networks	- utilize SpecialNet and other available networks - formulate and send information - maintain regular contact	Continue activities	Continue activities	Log of information shared Collaboration initiated through contacts Requests for information and training
2.5 To contact State Early Intervention Lead Agencies, State Department of Special Education, State Facilitators, Resource Access Projects on a twice yearly basis for the purpose of promoting awareness of and support for Outreach Project activities	- develop/update mailing lists - compile and send information in Fall and Spring	Continue activities	Continue activities	Requests for information and training
2.6 To develop and distribute a newsletter three times a year for the purpose of sharing information about family centered intervention and Portage Outreach activities	- write articles on best practices and research - update mailing list - format newsletter and distribute - request input from readers for future editions	Continue activities	Continue activities	Requests for information, materials and training

GOAL 3: To provide in-depth training, either on-site, at regional training sites, or through various technologies utilizing distance learning strategies, to early interventionists in the Portage Family Centered Intervention Model as a means of improving services to children and families and helping states meet their personnel preparation objectives.

YEAR 1 OBJECTIVES	ACTIVITIES	YEAR 2	YEAR 3	Outcome/ Evaluation
3.1 To conduct training with at least 20 programs who will implement components of the Portage Family Centered intervention Model	- identify sites - conduct needs assessment - formulate T & TA plan - conduct training using various options; evaluate - conduct follow-up using various strategies	At least 20 additional sites	At least 20 additional sites	Training evaluations Child change data Parent satisfaction data Program implementation data

YEAR 1 OBJECTIVES	ACTIVITIES	YEAR 2	YEAR 3	Outcome/ Evaluation
3.2 Provide five training workshops on family centered intervention for related service providers	- plan workshops cooperatively with state personnel preparation grants - conduct using various options; evaluate - conduct follow-up using various strategies	5 additional workshops	5 additional workshops	Participant evaluations Number of participants Changes made in trained programs
3.3 To conduct three onsite training workshops in Portage, WI in the Family Centered Intervention Model	- disseminate dates and agenda to appropriate programs - conduct and evaluate training - determine follow-up needs - maintain contact with participants using various strategies, including teleconference	3 additional workshops	3 additional workshops	Participant evaluation Number of participants Changes made in trained programs
3.4 To work closely with the Indian Education Resource Centers and early childhood programs on reservations to assist in developing or enhancing services as they fully implement P.L. 99-457	- plan and coordinate activities with Indian Education Resource Centers - contact early childhood programs on reservations - conduct needs assessment - formulate T & TA plan - conduct and evaluate training using various options - provide follow-up using various strategies - inform NECTAS & RRCs of activities	Provide ongoing training and support Continue work with additional programs	Continue activities and submit report of activities	Requests for training Participant training evaluations Additional children and families served Positive changes in trained program Observations of programs

YEAR 1 OBJECTIVES	ACTIVITIES	YEAR 2	YEAR 3	Outcome/ Evaluation
3.5 To work closely with the Migrant Resource Center for Migrant Head Starts and other migrant early childhood programs to assist in developing or enhancing services as they fully implement P.L. 99-457	- plan and coordinate activities with Migrant Resource Center and other groups - contact migrant early childhood programs - conduct needs assessment - formulate T & TA agreement - conduct and evaluate training using various options - provide follow-up using various strategies - inform NECTAS, RRCs, and RAPs of activities	Provide ongoing training and support	Continue work with additional programs	Requests for training Participant training evaluations Additional children and families served Positive changes in trained programs Observations of programs
3.6 To conduct at least five awareness workshops on related topics or components of the Portage Family Centered Intervention Model	- respond to requests - determine needs and audience - conduct workshops using various options; evaluate - make follow-up contact	Additional 5 workshops	Additional 5 workshops	Participant evaluations Requests for further training
3.7 To provide on-going technical support to demonstration and implementation sites for at least two years after initial training	- develop T & TA plan as part of initial training - contact 6-8 weeks after initial training - make follow-up visit - determine additional program needs - provide additional materials or training - utilize various follow-up strategies to provide ongoing support - maintain bi-monthly contact for 1st year; quarterly contact 2nd year - provide newsletter - collect impact data	Continue 1st year sites	Continue for 2nd year sites	Site observations Follow-up data Year-end reports Contact log

YEAR 1 OBJECTIVES	ACTIVITIES	YEAR 2	YEAR 3	Outcome/ Evaluation
3.8 To identify and train five Certified Trainers in various states and regions of the country as a way to extend Outreach efforts in a cost effective manner	- identify from implementation sites - observe direct service - conduct Training for Trainers - co-train at least twice	2 additional trainers	2 additional trainers	Persons trained Additional sites implementing trainee evaluations
3.9 To utilize Satellite Training Sites described in Objective 1.8 as a way to expand training opportunities for early interventionists	- inform regional staff and local programs of the availability of the training sites - work with staff at training sites to offer training and technical assistance	Continue activities	Continue activities	Training requests Training evaluations

GOAL 4: To develop and disseminate materials that further the implementation of best practices of working with children and families and assist in the training of early interventionists including educators, child care staff, related services staff, and health care providers

YEAR 1 OBJECTIVES	ACTIVITIES	YEAR 2	YEAR 3	Outcome/ Evaluation
4.1 To develop a written resource which will explain and expand the ideas of the *Growing: Birth to Three* interactive intervention curriculum in a format which will lend itself to use in distance training, such as a modular format	- develop objectives for the resource - develop draft - have draft reviewed by consultants, including parents - conduct final review and produce resource	Disseminate resource Use resource for distance training	Continue activities from Year 2	Final book product Evaluation of product by trainee and purchasers

YEAR 1 OBJECTIVES	ACTIVITIES	YEAR 2	YEAR 3	Outcome/ Evaluation
4.2 To develop videotapes of selected components of training which will be used as a part of distance training	- identify training components which will be videotaped - videotape each training component during a training workshop - review and edit as necessary - develop supporting written materials - send to trainees as appropriate	Use for distance training	Use for distance training Develop additional videotapes as need indicates	Finished products Evaluations of videotapes by trainees
4.3 To develop written and audiovisual materials for use in implementing distance training	- analyze each training component to determine what types of materials are needed (i.e. written, cassette tape, teleconference materials) - develop materials - expand existing self-study guides into appropriate content for birth to three providers (see Appendix I for sample pages from current self-study guides) - field test materials - revise and produce	Use for distance training Additional materials as need indicates	Use for distance training Develop additional materials as need indicates	Finished products Evaluations of products by trainees

VIII. ASSURANCES

As requested, the full final reports of the Portage Multi-State Outreach Project has been sent to ERIC, and copies of the title page and abstract have been sent to the other addressed indicated in the original correspondence.

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RESULTS OF TEACHER SURVEY FOR HOME-BASED PROGRAMS
Level of satisfaction with effects of Portage training

	Very Helpful 3	Somewhat Helpful 2	Not Helpful 1	Not Answered 0	Mean Rating
1.	Establishing rapport with familes.				2.36
2.	Working as a partner with parents.				2.51
3.	Carrying out a three-part home visit.				2.78
4.	Using a developmental checklist for curriculum assessment and planning.				2.94
5.	Observing child behavior during play for curriculum assessment.				2.66
6.	Involving families in choosing goals for their children.				2.72
7.	Breaking skills down into smaller steps (task analysis).				2.73
8.	Working with parents to plan individualized activities to promote children's development.				2.6
9.	Involving families in activities to enhance their children's development.				2.54
10.	Using an activity chart or similar form to leave activity ideas in the home.				2.48
11.	Using household materials to develop children's skills.				2.18
12.	Integrating skill practice for children into daily routines of families.				2.33
13.	Helping parents develop skills for their child's activities and generalizing skills.				2.42
14.	Using data collection methods as a means of ongoing curriculum planning.				2.36
15.	Assisting families in identifying and using community resources.				1.96
16.	Using effective communication skills with families.				2.30
17.	Using strategies for building parents' self esteem.				2.33
18.	Working with families to plan smooth transitions into the child's next program.				2.21
19.	Currently using Portage Home-Based Curriculum Model.				

RESULTS OF PARENT SURVEY FOR HOME-BASED PROGRAMS

Level of satisfaction with effects of Portage training	Percentage of parents expressing agreement or strong agreement

Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	NA 0	Mean Rating

1.	I am an active member of the team planning intervention for my child.	3.57
2.	I know more about setting appropriate goals for my child.	3.29
3.	The home visitor demonstrates activities to do with my child during the week.	3.68
4.	The home visitor leaves a written reminder to do with my child.	3.78
5.	The home visitor is flexible and individualizes home visits accordingly.	3.81
6.	The activities suggested by the home visitor fit into our family routines.	3.87
7.	I am more aware of how ordinary experiences are part of my child's learning.	3.70
8.	The home visitor considers family needs as well as child needs.	3.62
9.	A portion of each home visit is spent discussing my concerns as a parent.	3.73
10.	The home visitor listens to me.	3.78
11.	I am satisfied with my child's progress as a result of this home visit program.	3.76